



HIDENWOOD PRESBYTERIAN PRESCHOOL & KINDERGARTEN

414 Hiden Boulevard Newport News, VA 23606

Phone: 757-595-8351/Fax: 757-596-4932

Website: www.hidenwoodpreschool.org

Email: hpp@hidenwood.org

PERMISSION FORM

Full Name of Child (Please Print) _____ Date of birth ____/____/____

Child's Physician _____ Physician's Phone _____

Health Insurance Company _____

Policy No. _____ Group No. _____

TO PARTICIPATE IN SCHOOL ACTIVITIES

I hereby grant permission for my child to use all of the play equipment and participate in all the activities of the school. _____

(Parent/Guardian Signature)

(Date)

PERMISSION TO USE VIDEO

I hereby grant permission for video of my child and his/her teachers to be used for onsite staff training at Hidenwood Presbyterian Preschool. No names will be used unless further permission is obtained.

(Parent/Guardian Signature)

(Date)

PERMISSION TO PROMOTE

I hereby grant permission for my child's artwork or image to be used in the preschool and church facility or in print or electronic media to promote or publicize Hidenwood Presbyterian Preschool or Hidenwood Presbyterian Church. No names will be used unless further permission is obtained.

(Parent/Guardian Signature)

(Date)

PERMISSION TO USE CHILD'S NAME IN MEMORY BOOK

I hereby grant permission for my child's name and image to be included in Hidenwood Presbyterian Preschool's Memory Book.

(Parent/Guardian Signature)

(Date)

PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for the Director, or someone authorized by the Director, to take steps to obtain emergency medical care for my child. The steps may include, but are not limited to:

- Attempt to contact the persons listed on the reverse of this form
- Attempt to contact the child's physician
- Call paramedics (911) if the emergency contact persons or the physician cannot be reached
- Any expenses incurred will be borne by the child's family

(Parent/Guardian Signature)

(Date)